

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6/30/00</u>		2 Serial/Patent # <u>09/319566</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ <u>569</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>569</u>
		8 TO BE REFUNDED BY:		
9 REASON:		<input checked="" type="checkbox"/>	Treasury Check	
<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	<div style="border: 1px solid black; display: inline-block; text-align: center;"> 9 </div>		
<input type="checkbox"/>	No Fee Due (Explanation):			
10 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Thomas H. Wilson</u>			TITLE: <u>CIE</u>	
SIGNATURE: <u>[Signature]</u>			PHONE: <u>305-5483</u>	
OFFICE: <u>PTO</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**